

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: BROADVIEW NETWORKS, INC.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 45-18 COURT SQUARE LONG ISLAND CITY, NY 11101

Name of Agent Designated to Receive Notification of Claimed Infringement: STEVEN C. ANDREASSI

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

45-18 COURT SQUARE LONG ISLAND CITY, NY 11101

Telephone Number of Designated Agent: (718) 706-0921

Facsimile Number of Designated Agent: (718) 706-9575

Email Address of Designated Agent: sandreassi@broadviewnet.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 12/3/99

Typed or Printed Name and Title: SCOTT M. MATTHEWS VP - ADMINISTRATION

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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